



PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known		
		Application Number	10/722,052-Conf. #7000	
		Filing Date	November 26, 2003	
		First Named Inventor	Yoshiaki Mimura	
		Examiner Name	B. N. Thomas	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2873		
TOTAL AMOUNT OF PAYMENT	(\$)	120.00	Attorney Docket No.	WEN-0027

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 18-0013		Deposit Account Name: Rader, Fishman & Grauer PLLC	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
4	- 20 =	x	=	Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- 3 =	x	=

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month	120.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	24,104 47,255	Telephone	(202) 955-3750
Name (Print/Type)	Ronald P. Kananen / Brian K. Dutton			Date	August 4, 2008



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) WEN-0027																									
Application Number 10/722,052-Conf. #7000		Filed November 26, 2003																									
For OPHTHALMIC APPARATUS																											
Art Unit 2873		Examiner B. N. Thomas																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 40%;"></th><th style="width: 15%; text-align: center;"><u>Fee</u></th><th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th><th style="width: 30%;"></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: center;">\$120</td><td style="text-align: center;">\$60</td><td style="text-align: right;">\$ 120.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: center;">\$460</td><td style="text-align: center;">\$230</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: center;">\$1050</td><td style="text-align: center;">\$525</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: center;">\$1640</td><td style="text-align: center;">\$820</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: center;">\$2230</td><td style="text-align: center;">\$1115</td><td style="text-align: right;">\$ _____</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-0013</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="padding-left: 100px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="padding-left: 100px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>24,104 / 47,255</u></p> <p style="padding-left: 100px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34.</p> <p style="padding-left: 100px;">Registration number if acting under 37 CFR 1.34 _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 60%; text-align: center;"><hr style="width: 80%; margin: 0 auto;"/><p>Signature</p><hr style="width: 80%; margin: 0 auto;"/><p>Ronald K. Kananen / Brian K. Dutton</p><p>Typed or printed name</p></div><div style="width: 35%; text-align: center;"><hr style="width: 80%; margin: 0 auto;"/><p>August 4, 2008</p><p>Date</p><hr style="width: 80%; margin: 0 auto;"/><p>(202) 955-3750</p><p>Telephone Number</p></div></div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p>					<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____
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